## Office of Deaf and Hard of Hearing New Hampshire Interpreter Classification System Deaf Interpreter-Provisional Credential NH Licensed Interpreter Reference Form

Applicant's name:	Date:			
For NH Licensed Interpreters				
	nce for a Deaf Interpreter-Provisional applicant. We are ut the candidate's ability to be a Deaf Interpreter working in them.			
Your name:				
Certification/Screening:	Licensed in NH: Yes No			
Please tell us how you know this applican seen this applicant interpret.	nt and explain in what situations you have worked with or			

How would you gauge the applicant's level of awareness and skill in the following areas:

	Very Competent	Competent, still learning	A lot of work needed
Ethnic and Cultural		8	
Diversity within the			
Community			
Importance of			
Consumer and			
consumer needs			
assessment			
Professional Code of			
Conduct and the			
ethical considerations			
required			
Importance of good			
teamwork and ability			
work with a team			
What, in your opinion, as	re the best qualities of thi	s applicant, both in terms	of skill and attitude?
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om your experience with the applicant, in what areas would you suggest improvement?		
	*******	
	Thank you for your time and cooperation!	
Signature:	Date:	
Please send this form	n to the following address:	
Mr. H. Dee Clanton		
Office of Deaf & Ha Vocational Rehability	rd of Hearing tation, Department of Education	
21 South Fruit Street Concord, NH 03301		